

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/56898

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6						
7						
8						
9		3				
10		3				
11		3				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19		2				
20		2				
21		2				
22		1				
23		1				
24		1				
25		1				
26	1					
27		1				
28						
29	1					
30						
31		1				
32			1			
33						
34						
35						
36						
37						
38						
39			1			
40						
41						
42						
43						
44						
45						
46				14		
47			1			
48				3		
49				3		
50			1			
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						